



John Elias Baldacci
Governor

Maine Department of Health and Human Services

Office of Adult Mental Health Services
32 Blossom Lane
11 State House Station
Augusta, ME 04333-0011

Brenda M. Harvey
Commissioner

Ronald S. Welch
Mental Health Director

Attachment I

To: Contracted Providers
Fr: Ronald S. Welch, Director, Office of Adult Mental Health Services
Re: Consent Decree Compliance and Agreement Amendments
Da: October 19, 2006

The Office of Adult Mental Health Services (OAMHS) submitted amendments to the Bates vs. DHHS Consent Decree Plan to the court master on August 16, 2006. Further discussion with the court master and the plaintiffs occurred, resulting in a long awaited approved OAMHS plan as of October 13, 2006. The OAMHS website at:

<http://www.maine.gov/dhhs/bds/mhservices/index.shtml>

includes the Consent Decree and the approved plan. OAMHS is excited about the opportunity to move forward with an approved plan and with the community service networks to improve local problem solving.

This packet contains amendments to your contract agreement to bring the current agreement in line with the OAMHS plan for consent decree compliance. The plan requires execution of the amendments within 30 days of issuance (by November 19, 2006) and the memorandum of agreement and operational protocols to be finalized and approved within the following 45 days (January 3, 2007).

Enclosed you will find:

- Amendment(s) to Agreement(s) for Special Services;
- Attachment A Contract Terms effective November 1, 2006;
- Attachment B Model Agreement for Community Service Networks—Information for completing a specific MOU and the operational protocols will be forthcoming;
- Provider Summary Page: Please complete the new additions to this form (Clinical contact, Information Technology contact, and TTY) and update if necessary. You do not need to add information if that information is already on file as part of your current contract;
- Community Service Networks: Development and Implementation.

Our vision is Maine people living safe, healthy and productive lives.

Please return the completed Amendment Agreement and Provider Summary page by November 6, 2006 to the appropriate agreement administrator:

Region 1

Jereal Holley
DHHS-Region I
175 Lancaster St.
Portland, ME 04101
Tel: 822-0486
TTY: 1-888-254-0311
Email: jereal.holley@maine.gov

Region II

Debbie Barter
DHHS-Region IIA
11 SHS-Greenlaw Bldg 3rd Fl.
Augusta, ME 04333
Tel: 287-8588
TTY: 1-800-606-0215
Email: debbie.barter@maine.gov

Region III

Pamela Easton
DHHS-Marquardt Bldg., 2nd Fl.
Augusta, ME 04333
Tel: 287-7349
TTY: 1-800-606-0215
Email: pamela.easton@maine.gov

If you have any questions feel free to direct them to the Agreement Administrator. We look forward to working with you to improve the mental health system and to beginning the Community Service Network meetings, scheduled for November and December. This is an exciting time for Maine's mental health system and the opportunity, after many years, to reach compliance with the Consent Decree.

AMENDMENT TO AGREEMENT FOR SPECIAL SERVICES

Amount of Increase
or (Decrease): _____ \$0 DHHS Agreement No.: _____

Total Award: _____ \$0

Appropriation No.: _____ Termination Date: _____

Encumbrance No.: _____

The Agreement made _____ by and between the State of Maine, Department of Health and Human Services, hereinafter called "Department," and _____, hereinafter called "Provider" is hereby amended as follows:

1. Effective November 1, 2006 the Provider will be required to comply with the terms of Attachment A, "Contract Terms effective November 1, 2006," which describe new responsibilities necessary to come into compliance with the Bates v. DHHS Settlement Agreement.
2. As part of the requirements described in 1, above, the Provider will participate in the formulation of operational protocols for Community Service Networks (CSNs) and will enter into a Memorandum of Understanding (MOU) with other network providers by January 3, 2007. See sample MOU attachment B.
3. Also, consistent with the terms of Attachment A, the Provider must keep the Department informed of any changes to the information in the Provider Summary Page. An amended version of that form is attached and should be completed and returned with this signed amendment.

All other terms and conditions of the original agreement shall remain in effect. The Department and Provider, by their duly authorized representatives, have executed this amendment to the said original agreement on this 18th day of October, 2006.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

By: _____
Geoffrey W. Green
Deputy Commissioner, Operations and Support

PROVIDER: _____

By: _____

CONTRACT REVIEW COMMITTEE

APPROVED:

Date:

By: _____ Chairman

08/27/1999

File: *SpecialSvc_AMEND.dot*

Attachment A

Contract Terms Effective November 1, 2006

Rider E, Section II, Consent Decree Compliance, paragraph B All Providers, is amended to add item 19:

For all contracts providing one or more of the services defined below:

19. Community Service Networks (“CSNs”)

The Department has established seven CSN areas:

1. Aroostook County
2. Hancock, Washington, Penobscot and Piscataquis Counties
3. Kennebec and Somerset Counties
4. Knox, Lincoln, Sagadahoc, and Waldo Counties
5. Androscoggin, Franklin, and Oxford Counties
6. Cumberland County
7. York County

Except as noted below, the Provider must participate in CSNs in the geographic areas in which the provider offers any of the following services:

- Crisis Services (including Crisis Stabilization Units);
- Peer Services;
- Community Support Services (Community Integration, Intensive Community Integration, and Assertive Community Treatment Services; Daily Living Support, Skills Development, and Day Support Services);
- Outpatient Therapy;
- Medication Management;
- Residential Services;
- Vocational Services;
- Community Hospitalization Services (including services in hospitals that do and hospitals that do not provide inpatient psychiatric services).

If the Provider offers services in more than one CSN area, then, for any CSN area in which the Provider offers limited amounts of service, the Provider may request an exemption from requirements to participate in the CSN. The Provider shall make that request to the Agreement Administrator in writing.

Participation includes entering into a Memorandum of Understanding (MOU) as further described below and appointing a representative to the CSN who will attend

monthly CSN meetings and who is authorized to make commitments on behalf of the Provider, participating in activities to assure appropriate governance, and participating in activities to assure that the goals of the CSN are achieved.

The Provider will participate in formulating operational protocols and enter into a Memorandum of Understanding (“MOU”) with the other providers in the CSN. The operational protocols and the MOU must be finalized by the networks and approved by OAMHS within 45 days of executing the contract amendments. If any network does not submit approvable documents within 45 days, OAMHS will provide the protocols and the MOU that must be implemented by the network. The MOU will include these goals and guiding principles developed by DHHS and will require the Provider, at a minimum, to:

- Assure delivery of services to all mental health consumers in the network area;
- Maintain a “no reject” policy so that no consumer is refused needed service within the CSN area;
- Engage in problem solving in the CSN to ensure that clients with complex needs are appropriately served;
- Identify services necessary for consumers in the CSN who are at risk and provide those services;
- Comply with all provisions of the Bates v. DHHS Consent Decree, especially where service coordination within the core service array is necessary;
- Assure 24-hour access to a consumer’s Community Support Services’ records for Community Integration (CI), Intensive Community Integration (ICI), and Assertive Community Treatment (ACT) for better continuity of care during a psychiatric crisis;
- Plan based on data and consumer outcomes;
- Implement the Rapid Response protocol;
- Provide coordination among the community support program, the crisis program and hospitals to ensure that ISPs and crisis plans are available to those involved in treatment and that community support workers are participants in hospital treatment and discharge planning;
- Assure continuity of treatment during hospitalization and the full protection of a client’s right to due process;
- Recognize the authority of the community support services staff (CI, ICI, ACT)) as coordinators of the ISP and the services contained therein.

The Provider will act consistent with the obligations outlined in the MOU.

Maintenance of Agency Information

The Provider will notify the Contract Administrator within 5 working days of a change to information included on the Provider Summary Page, using a form available from the Contract Administrator.

Continuity of Care

Providers must, to the extent permitted by consumers, seek appropriate releases of information at intake and with every service plan update to improve continuity of care. Agencies shall plan with consumers for appropriate releases of information and educate consumers about the benefits of shared information to continuity of care. If the consumer does not permit a release of information to another provider of service, then the record must document this attempt to secure a release.

If the consumer is enrolled in a community support service (CI, ICI, ACT) the CSS provider is responsible for maintaining up to date crisis plans and advance directives with each consumer. It is the responsibility of other providers of services to discuss these plans with consumers and to develop with the consumer any appropriate coordination for which the provider may be responsible.

The following is added to Rider C, exceptions to Rider B:

Contract Compliance

In addition to using the termination provisions contained in Rider B paragraph 15 and the set-off provisions contained in Rider B paragraph 26, DHHS may exercise the following steps to ensure contract compliance:

Level 1: The Program Administrator will notify the Provider in writing of any contract compliance issues identified by DHHS staff. The notice will include the contract provision that is in noncompliance and a date by which the provider must comply.

Level 2: If the compliance issues described by the Program Administrator at Level 1 have not been addressed by the specified dates, the Provider and a representative or representatives of the DHHS Office of Adult Mental Health Services will meet, discuss and document the contract compliance issues. The OAMHS and the provider will develop a corrective action plan which must include:

1. A statement of the corrective actions required for compliance with the contract;
2. The date by which the Provider will comply with the terms of the contract;
3. The consequences for non-compliance;
4. Signatures of the Provider and the OAMHS representative.

Level 3: If the Provider fails to undertake the corrective actions in the corrective action plan, DHHS may terminate the contract in accordance with the procedures described in Rider B paragraph 15.

Additional Terms for Providers of Community Support Services (Community Integration, Intensive Community Integration, and Assertive Community Treatment Services)

“Rider E, Section II Consent Decree Compliance, paragraph C Providers of Community Integration Services” is replaced with the following:

C. Providers of Community Support Services (defined herein as CI, ICI, ACT))

The Community Support Services Provider must:

- Provide 24/7 access to Community Integration (CI), Intensive Community Integration (ICI), and Assertive Community Treatment (ACT) consumer records for better continuity of care during a psychiatric crisis. Additionally, the CSW is responsible for maintaining the name of the prescriber of psychiatric medications and up to date contact information for that prescriber;
- Assign a community support worker to each consumer receiving CI services and assure that a substitute worker is assigned to the consumer when the regular worker is not available (for example, if the regular worker is out sick, is on vacation or has resigned) and that the consumer is informed of the substitute worker's name;
- Ensure that community support workers (CI, ICI, and ACT) develop Individual Support Plans (ISPs) collaboratively and convene ISP meetings as directed by the consumer, and shall actively coordinate services that are part of the Individual Service Plans. Documented consent of the consumer shall be necessary for the ISP meeting to be held without the presence of the consumer;
- Ensure that community support workers (IC, ICI, ACT) develop and maintain up-to-date crisis plans and advance directives with each consumer, or document when and why this hasn't occurred. Additionally, it shall be the role of the community support worker to review with the consumer both the ISP and the crisis plan whenever there is a major psychiatric event;
- Ensure that community support workers (CI, ICI, ACT) receive not only annual training on the importance of work to recovery, but also ongoing training to improve engagement skills regarding work and documenting work goals in each ISP;
- Ensure that each consumer's assigned or substitute CI worker, ICI team member, or ACT team member attends (in person or by telephone or videoconference) the consumer's treatment and discharge planning meetings at state and private psychiatric hospitals, as well as at community hospitals with psychiatric units;
- Ensure that there is coordination with the consumer's ISP and the hospital's treatment and discharge plan while the consumer is in the hospital;
- Ensure that the hospital receives a copy of the consumer's ISP as soon as the provider is aware of the admission;
- Ensure that CI Services are available face to face Monday through Friday during normal business hours of no less than 40 hours per week and that availability shall be based on consumer need;
- Ensure that the CI worker, ICI or ACT team member meets with the consumer within four days of discharge from the inpatient setting.

Additional Terms for Providers of Crisis Services

A new paragraph D is added to Rider E, Program Requirements, Section II Consent Decree Requirements as follows:

(D.) Providers of Crisis Services

The Crisis Services Provider must:

- Ensure 24/7 availability of crisis workers for Emergency Departments within the community service network;
- Facilitate services during a psychiatric emergency and implement the rapid response protocol;
- Collect data on consumers who are denied admission to a psychiatric hospital though a bed is available and on consumers who are denied admission to a crisis stabilization unit though a bed is available. The data must include the reasons for rejection, the date of the occurrence, and the disposition of the consumer. This data will be submitted within two working days to the regional mental health team leader in a format designed by OAMHS;
- Provide information to community support providers regarding the provision of crisis services and any psychiatric inpatient or CSU admission to any of their CSS clients within 24 hours of contact;
- Act as the contact for Emergency Departments to retrieve consumer record information from the CSS (Community Integration, Intensive Community Integration, or Assertive Community Treatment) provider;
- Report any concerns about the possible use of procedural blue papers to the Regional Mental Health Team Leader or their designee within 24 hours.

Attachment B

MODEL AGREEMENT

COMMUNITY SERVICE NETWORK FOR AREA XX (“the CSN”)

MEMORANDUM OF UNDERSTANDING (“MOU”)

I. INTRODUCTION

The purpose of the Community Service Network (CSN) is to coordinate services among network providers so that all consumers of mental health services in the network can receive all needed community services in their home network area. Participants in the CSN are the providers of core services in the network area, the consumer councils and the Office of Adult Mental Health Services (“OAMHS”). Dorothea Dix Psychiatric Center and Acadia Hospital are part of CSN 1 Aroostook County and CSN 2 Hancock, Washington, Penobscot, and Piscataquis Counties. Riverview Psychiatric Center and Spring Harbor are part of the remaining CSNs 3 through 7.

II. GOALS OF THE COMMUNITY SERVICE NETWORK

- A. To provide an integrated system of care in the CSN.
- B. To ensure to the maximum extent possible that residents of the CSN geographic area are able to receive core services within the area.
- C. To ensure that consumers can receive seamless, integrated care to meet their changing needs.
- D. To improve:
 - Continuity of care for recipients of service within and across service provider systems.
 - Efficiency of care for service providers and recipients of service alike.
 - Outcome effectiveness of service for recipients of service.
 - Cost effectiveness for recipients of service and for the community as a whole.

III. GUIDING PRINCIPLES:

- A. The focus of the CSN is the adult mental health consumer.
- B. Quality of care for consumers depends in large part upon how easily they can access services and make transitions among services without being disconnected.

C. Coordination among service providers, with appropriate sharing of information, and a primary focus by the providers on their contributions to the whole mental health system, is what makes an effective and responsive system.

D. Local planning, local problem solving, and a mutual understanding of the roles and expectations of each service provider should be effective ways to support continuity of care.

E. Based upon the current best practice and evidence based models, the mental health care system in the CSN must support the recipient of service and members of his or her personal support system both in becoming knowledgeable about the consumer's mental health condition and the available services and in participating actively in making decisions about choosing services.

F. Providers and service systems should practice collaboratively in an integrated manner across professional disciplines (inclusive of peer disciplines and supports) and health specialty areas.

IV. STRUCTURE OF COMMUNITY SERVICE NETWORK

A. The CSN will include the following state-funded Core Service providers from the Area, representatives of the consumer council (s) located in the area, and the state and specialty hospitals as noted in the Introduction:

1. Crisis Services, including Crisis Stabilization Units
2. Peer Services
3. Community Support Services (Community Integration, Intensive Community Integration, and Assertive Community Treatment Services; Daily Living Support, Skills Development, and Day Support Services)
4. Outpatient Services
5. Medication Management
6. Residential Services
7. Vocational Services
8. Community Hospitalization Services (including services in hospitals that do and hospitals that do not provide inpatient psychiatric services)

B. The CSN will meet no less than monthly.

C. The CSN will establish and oversee operational protocols, which may include by-laws, that the CSN deems necessary to achieve the goals of the CSN. The initial operational protocols and any subsequent must be approved by OAMHS.

D. The CSN will establish outcome measures and assure the quality of continuity and integration of services in the CSN.

E. The CSN may establish subcommittees or ad hoc committees as needed

F. The Chair of the CSN will be the OAMHS Team leader.

V. AGREEMENT AND RESPONSIBILITIES OF ORGANIZATIONS

- A. The participant recognizes that the CSN is responsible for the care of those persons who reside in the CSN area, and agrees to ensure that consumers in the CSN area can be served in the CSN area, except as approved by OAMHS.
- B. As a member of the CSN, the participant agrees to:
 - Assure delivery of services to all mental health consumers in the network area;
 - Maintain a “no reject” policy so that no consumer is refused needed service within the CSN area;
 - Engage in problem solving in the CSN to ensure that clients with complex needs are appropriately served;
 - Identify services necessary for consumers in the CSN who are at risk and provide those services;
 - Comply with all provisions of the Bates v. DHHS Consent Decree, especially where service coordination within the core service array is necessary;
 - Assure 24-hour access to a consumer’s community support services’ records for Community Integration (CI), Intensive Community Integration (ICI), and Assertive Community Treatment (ACT) for better continuity of care during a psychiatric crisis;
 - Plan based on data and consumer outcomes;
 - Implement the Rapid Response protocol;
 - Provide coordination among the community support program, the crisis program and hospitals to ensure the appropriate sharing of information, including the ISP and community support worker attendance at hospital treatment and discharge planning meetings;
 - Assure continuity of treatment during hospitalization and the full protection of a client’s right to due process;
 - Recognize the authority of the community support services staff (CI, ICI, ACT) as coordinators of the ISP and the services contained therein.
- C. The participant will appoint a representative who has the authority to make commitments on behalf of the participant and who will attend monthly meetings of the CSN.
- D. The participant will join in appropriate special projects and committees as may be developed by the CSN.
- E. The participant commits to the guiding principles, goals, and structure outlined above

*Office of Adult Mental Health Services
Department of Health and Human Services*

October 2006

**Community Service Networks: Development and
Implementation**

Introduction: In its Consent Decree Plan Amendments to the Court Master, dated August 16, 2006, the Office of Adult Mental Health Services (OAMHS) described the creation of Community Service Networks (CSNs) to be developed in each of seven areas within the state. The CSNs are to be developed within the context of a design as outlined in the submission to the Court Master. Under the plan, all providers, including peer providers, hospitals with psychiatric units and without, and the general array of community mental health agencies will become members of the CSNs by virtue of their contracts, and through a network wide Memorandum of Understanding (MOU). This Consent Decree Plan was revised, submitted on October 13, 2006, and received approval by the Court Master on October 13, 2006.

While contract amendments and signing of MOUs will happen at the beginning of the process, the statewide and network-wide development will happen over time with considerable input from all parties involved. This will occur under the direction of the OAMHS both at the state level through the formation of a statewide policy committee, and at the network level, through the ongoing monthly meetings of the networks themselves. From the inception and on an ongoing basis, OAMHS officials will manage CSNs, and provide the technical and professional support as needed to ensure that they are able to successfully meet their charge.

The Timeframe: The following timeframe will begin with the signing of contract amendments and the formulation of the CSN organizational protocols and the MOUs. The Contract Amendments must be executed within 30 days of issuance (November 19, 2006) and the organizational protocols and the MOUs must be completed within 45 days of the execution of the contract amendments (January 3, 2007). Steps to be undertaken:

I. Community Service Networks

- A.) CSNs will be convened over the course of the months of November and December, and will meet monthly thereafter. They will be convened by the Director of OAMHS, and other senior management staff from OAMHS, who will participate until the CSNs are functional. Regional Team Leaders and senior OAMHS staff will continue leadership responsibility for the CSNs. The agenda for the first two meetings will be discussion and

input on the roles, expectations, and responsibilities of the CSNs, and the development of the MOU and operational protocols between all of the members of the CSN. The operational protocols and the MOU are to be submitted to the OAMHS for approval so that all the documents are completed and signed no later than January 3, 2007.

- B.) By the February meeting, the CSNs will select a consumer of adult mental health services, a community support services provider, a crisis services provider, and a hospital provider to participate on the state-wide Policy Committee as described in (II.) below.
- C.) Pending the full operational development of the Consumer Council System, as required in the last supplemental budget of the previous Legislature, seven consumer members will be appointed by the council system planning group, one to three to sit on each of the CSNs. When the system of Local Consumer Councils is fully operational, each will have a seat on their respective CSNs. Where consumer programs, such as peer centers, are part of a community mental health agency, the peer programs will each select one consumer representative to have a seat on the CSN, independent of the agency that may sponsor the consumer service.
- D.) The CSNs will prepare core operational protocols to assist in the management of CSN duties and prepare the CSNs for assumption of planning, resource allocation and quality assurance responsibilities as outlined in the plan approved on October 13, 2006.
- E.) Development and implementation workplans will be created through each of the CSNs by February 2007.

II. State-Wide Policy Committee:

- A.) The Policy Committee shall be convened by OAMHS in February 2007 as constituted in (I.B), above.
- B.) The Policy Committee will receive its charge from OAMHS, and will be directed by members of the Senior Management Team at OAMHS. Among its duties will be the development of required orientation modules for the CSNs including but not limited to:
 - 1.) Managing the Dynamics of Network Responsibilities (February);
 - 2.) Assessment of compliance with the “no-reject” policy, including 24/7 CSW changes as required in the Consent Decree Plan Amendment (March);
 - 3.) Review the CSN reports of availability, or lack of, core services within the CSN, considering geographical distribution and documentation of consumer needs, and make recommendations to OAMHS (March);

- 4.) Development and implementation of consistent network-level planning tools, including processes for resource development and resource allocation (May);
- 5.) Identification of all quality assurance and quality improvement performance measures that will become the purview of the CSNs to monitor and report on to the OAMHS. This will include the QA and QI processes and protocols that CSNs will use for review of data and recommendations to the OAMHS (May-June);
- 6.) Development of a process to review CSN performance, through which OAMHS can make future adjustments to the system, and which will serve as a self-correcting process for the CSNs themselves (July).

**STATE OF MAINE
DEPARTMENT OF HEALTH & HUMAN SERVICES**

PROVIDER SUMMARY PAGE

Community Agency/Program Name: _____

TTY: _____

Executive Director: _____

Telephone #: _____ Fax #: _____

Address: _____

E-mail address: _____

Agreement Contact Person: _____

Telephone #: _____ Fax #: _____

Address: _____

E-mail address: _____

Fiscal Contact Person: _____

Telephone #: _____ Fax #: _____

Address: _____

E-mail address: _____

Clinical Director: _____

Telephone #: _____ Fax #: _____

Address: _____

E-mail address: _____

IT Services Contact: _____

Telephone #: _____ Fax #: _____

Address: _____

E-mail address: _____

Other Contact Information:

List all locations where services are provided and include the contact person, telephone number, and hours of service.

Service	Service Site	Contact Person	Telephone #	Hours of Service	License Type and Capacity



John Elias Baldacci
Governor

Maine Department of Health and Human Services

Office of Adult Mental Health Services
32 Blossom Lane
11 State House Station
Augusta, ME 04333-0011

Brenda M. Harvey
Commissioner

Ronald S. Welch
Mental Health Director

Attachment II

MEMORANDUM

TO: Community Service Network Members
FROM: Ronald S. Welch, Director
Office of Adult Mental Health Services
DATE: October 27, 2006
SUBJECT: Community Service Network Meetings – **IMPORTANT INFORMATION**

The Court Master's approval of the Bates vs. DHHS (AMHI) Consent Decree Plan on October 13, 2006, was a date for all of us to celebrate. Now comes the challenging work of living up to the Court's expectation in implementing the plan.

Local planning, local problem solving, and understanding of the roles of each stakeholder are key to improving the continuity of care for consumers. The Community Service Networks (CSNs) have the primary responsibility for doing this work. The Office of Adult Mental Health Services has scheduled the required meetings for November and December.

Enclosed you will find:

- The meeting schedule and directions for the November and December meetings;
- A sample Memorandum of Understanding (MOU);
- CSNs: Development and Implementation Document;
- A RSVP that includes your CSN participation.

Please go to the OAMHS website for the text for the Settlement Agreement, the Court Master Order of Approval, and the approved OAMHS Plan of October 13, 2006 at:

http://www.maine.gov/dhhs/bds/mhservices/consent_decree

Participation

Consistent representation is requested to ensure continuity in the work of the CSN. The representative slots are not intended to be rotating positions.

Provider Participation

The Court approved plan requires participation by providers of the following services:

- Peer services;
- Crisis Services;
- Community Support Services;
- Outpatient Services;
- Medication Management;

Our vision is Maine people living safe, healthy and productive lives.

- Residential Services;
- Vocational Services;
- Inpatient Services (including hospitals that do and do not provide inpatient psychiatric services, Riverview Psychiatric Center, Dorothea Dix Psychiatric Center, Acadia Hospital, and Spring Harbor Hospital.

Each provider is required to designate one representative who can speak for the organization to participate in the CSN where they provide services. The enclosed RSVP includes a section where the provider may request exemption from participation in a particular CSN. Reasons for exemption might include very limited service in the CSN area, or service to very few clients, or a very specialized service. OAMHS will review each exemption request and notify the provider if the exemption is approved, or not.

Each provider that receives OAMHS funding for a peer center or a social club is also required to have the peer center/social club appoint its own consumer representative to the CSN. If you are such an agency, then this mailing will include a separate packet for each peer center/social club.

Consumer Participation

The approved plan requires the development of regional consumer councils and a statewide consumer council. These councils are being developed by the Transition Planning Group (TPG), a representative group of consumers. As these councils are not fully developed, the TPG has the responsibility for appointing one to three interim consumer representatives to each of the CSNs. Once the councils are operational, these interim appointments will cease and the councils will select the representatives.

Family Participation

The National Alliance for the Mentally Ill of Maine (NAMI-ME) will be providing a family member to each of the CSNs to represent the concerns of families with adult family members who have mental illness.

Work of the CSNs

The enclosed sample MOU gives the broad context of the responsibilities of the CSN. The immediate tasks are the development of operational protocols and the signing of a MOU. The Court requires that each CSN have the opportunity to create its own operational protocols and MOU and that these must be submitted to OAMHS and approved by OAMHS by January 3, 2007. The agenda for the first two meetings will include the development of these documents. A sample MOU is included in this packet for your review and OAMHS will be providing a sample operational protocol at the CSN meeting. If the CSN fails to meet the court deadline for the creation of the operational protocols and the MOU, OAMHS has the authority to provide the operational protocol and the MOU that must be implemented by the network.

Please refer to the enclosed "CSNs: Development and Implementation" document for more specifics about the ongoing agenda.

I appreciate that there is much to be done, and look forward to working with you to demonstrate to those we support and to the Court that we are able to meet the challenges and opportunities afforded in the approved OAMHS Consent Decree Plan.

Community Service Network Meetings
October 27, 2006
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Enclosures

**Community Service Networks
Meeting Schedule
November – December 2006**

CSN	Meeting Place	November Date/Time	December Date/Time
CSN 1: Aroostook	Presque Isle Inn & Convention Center 116 Main Street PRESQUE ISLE <i>Room:</i> Conference Room 4 <i>Directions:</i> http://www.presqueisleinn.com/location.asp	Nov. 15 9 am-12 pm	Dec. 13 9 am-12 pm
CSN 2: Hancock Washington Penobscot Piscataquis	Dorothea Dix Psychiatric Center Hogan Road BANGOR <i>Room:</i> New Auditorium <i>Directions:</i> http://www.maine.gov/dhhs/bds/ddpc/directions.html	Nov. 14 9 am-12 pm	Dec. 12 9 am-12 pm
CSN 3: Kennebec Somerset	Maine Principals' Association 50 Industrial Drive AUGUSTA <i>Room:</i> Conference Rooms A & B <i>Directions:</i> http://www.mpa.cc/contact.html	Nov. 9 9 am-12 pm	Dec. 7 9 am-12 pm
CSN 4: Knox Lincoln Sagadahoc Waldo	DHHS Offices 91 Camden Street, Suite 103 ROCKLAND <i>Room:</i> Conference Rooms A & B <i>Directions:</i> http://www.maine.gov/dhhs/DHSaddresses.htm	Nov. 16 9 am-12 pm	Dec. 11 1 pm- 4 pm
CSN 5: Androscoggin Franklin Oxford	DHHS Offices 200 Main Street LEWISTON <i>Room:</i> Conference Rooms C & D <i>Directions:</i> http://www.maine.gov/dhhs/DHSaddresses.htm	Nov. 13 1 pm- 4 pm	Dec. 18 1 pm- 4 pm
CSN 6: Cumberland	Doubletree Hotel 1230 Congress Street PORTLAND <i>Room:</i> Gallery Room <i>Directions:</i> http://www.doubletree.com/en/dt/hotels/index.jhtml?ctyhocn=PWMCSDT	Nov. 17 9 am-12 pm	Dec. 15 9 am-12 pm
CSN 7: York	DHHS Offices 208 Graham Street BIDDEFORD <i>Room:</i> Conference Room A <i>Directions:</i> http://www.maine.gov/dhhs/DHSaddresses.htm	Nov. 20 1 pm- 4 pm	Dec. 14 1 pm- 4 pm

MODEL AGREEMENT

COMMUNITY SERVICE NETWORK FOR AREA XX (“the CSN”)

MEMORANDUM OF UNDERSTANDING (“MOU”)

I. INTRODUCTION

The purpose of the Community Service Network (CSN) is to coordinate services among network providers so that all consumers of mental health services in the network can receive all needed community services in their home network area. Participants in the CSN are the providers of core services in the network area, the consumer councils and the Office of Adult Mental Health Services (“OAMHS”). Dorothea Dix Psychiatric Center and Acadia Hospital are part of CSN 1 Aroostook County and CSN 2 Hancock, Washington, Penobscot, and Piscataquis Counties. Riverview Psychiatric Center and Spring Harbor are part of the remaining CSNs 3 through 7.

II. GOALS OF THE COMMUNITY SERVICE NETWORK

- A. To provide an integrated system of care in the CSN.
- B. To ensure to the maximum extent possible that residents of the CSN geographic area are able to receive core services within the area.
- C. To ensure that consumers can receive seamless, integrated care to meet their changing needs.
- D. To improve:
 - Continuity of care for recipients of service within and across service provider systems.
 - Efficiency of care for service providers and recipients of service alike.
 - Outcome effectiveness of service for recipients of service.
 - Cost effectiveness for recipients of service and for the community as a whole.

III. GUIDING PRINCIPLES:

- A. The focus of the CSN is the adult mental health consumer.
- B. Quality of care for consumers depends in large part upon how easily they can access services and make transitions among services without being disconnected.
- C. Coordination among service providers, with appropriate sharing of information, and a primary focus by the providers on their contributions to the whole mental health system, is what makes an effective and responsive system.
- D. Local planning, local problem solving, and a mutual understanding of the roles and expectations of each service provider should be effective ways to support continuity of care.
- E. Based upon the current best practice and evidence based models, the mental health care system in the CSN must support the recipient of service and members of his or her personal support system both in becoming

knowledgeable about the consumer's mental health condition and the available services and in participating actively in making decisions about choosing services.

- F. Providers and service systems should practice collaboratively in an integrated manner across professional disciplines (inclusive of peer disciplines and supports) and health specialty areas.

IV. STRUCTURE OF COMMUNITY SERVICE NETWORK

- G. The CSN will include the following state-funded Core Service providers from the Area, representatives of the consumer council (s) located in the area, and the state and specialty hospitals as noted in the Introduction:
- 9. Crisis Services, including Crisis Stabilization Units
 - 10. Peer Services
 - 11. Community Support Services (Community Integration, Intensive Community Integration, and Assertive Community Treatment Services; Daily Living Support, Skills Development, and Day Support Services)
 - 12. Outpatient Services
 - 13. Medication Management
 - 14. Residential Services
 - 15. Vocational Services
 - 16. Community Hospitalization Services (including services in hospitals that do and hospitals that do not provide inpatient psychiatric services)
- H. The CSN will meet no less than monthly.
- I. The CSN will establish and oversee operational protocols, which may include by-laws, that the CSN deems necessary to achieve the goals of the CSN. The initial operational protocols and any subsequent must be approved by OAMHS.
- J. The CSN will establish outcome measures and assure the quality of continuity and integration of services in the CSN.
- K. The CSN may establish subcommittees or ad hoc committees as needed
- L. The Chair of the CSN will be the OAMHS Team leader.

V. AGREEMENT AND RESPONSIBILITIES OF ORGANIZATIONS

- A. The participant recognizes that the CSN is responsible for the care of those persons who reside in the CSN area, and agrees to ensure that consumers in the CSN area can be served in the CSN area, except as approved by OAMHS.
- B. As a member of the CSN, the participant agrees to:
- Assure delivery of services to all mental health consumers in the network area;
 - Maintain a “no reject” policy so that no consumer is refused needed service within the CSN area;
 - Engage in problem solving in the CSN to ensure that clients with complex needs are appropriately served;
 - Identify services necessary for consumers in the CSN who are at risk and provide those services;
 - Comply with all provisions of the Bates v. DHHS Consent Decree, especially where service coordination within the core service array is necessary;

- Assure 24-hour access to a consumer's community support services' records for Community Integration (CI), Intensive Community Integration (ICI), and Assertive Community Treatment (ACT) for better continuity of care during a psychiatric crisis;
- Plan based on data and consumer outcomes;
- Implement the Rapid Response protocol;
- Provide coordination among the community support program, the crisis program and hospitals to ensure the appropriate sharing of information, including the ISP and community support worker attendance at hospital treatment and discharge planning meetings;
- Assure continuity of treatment during hospitalization and the full protection of a client's right to due process;
- Recognize the authority of the community support services staff (CI, ICI, ACT) as coordinators of the ISP and the services contained therein.

- C. The participant will appoint a representative who has the authority to make commitments on behalf of the participant and who will attend monthly meetings of the CSN.
- D. The participant will join in appropriate special projects and committees as may be developed by the CSN.
- E. The participant commits to the guiding principles, goals, and structure outlined above.

COMMUNITY SERVICE NETWORKS

RSVP & REQUIRED INFORMATION

Provider: _____

Address: _____

Person Completing Form: _____

Phone: _____ **Email:** _____

Please return completed form by **Nov. 3** to Elaine Ecker (USM Muskie School) by fax: **626-5022**
eecker@usm.maine.edu

Please check applicable CSN(s):	Check services provided in CSN:	Designate CSN representative with contact information:	Request exemption from CSN (briefly explain):
CSN 1: <input type="checkbox"/> Aroostook	<input type="checkbox"/> Peer Services <input type="checkbox"/> Crisis Services <input type="checkbox"/> Community Support Services <input type="checkbox"/> Outpatient Services <input type="checkbox"/> Medication Management <input type="checkbox"/> Residential Services <input type="checkbox"/> Vocational Services <input type="checkbox"/> Inpatient Services	Name: _____ Phone: _____ Email: _____	<input type="checkbox"/>
CSN 2: <input type="checkbox"/> Hancock Washington Penobscot Piscataquis	<input type="checkbox"/> Peer Services <input type="checkbox"/> Crisis Services <input type="checkbox"/> Community Support Services <input type="checkbox"/> Outpatient Services <input type="checkbox"/> Medication Management <input type="checkbox"/> Residential Services <input type="checkbox"/> Vocational Services <input type="checkbox"/> Inpatient Services	Name: _____ Phone: _____ Email: _____	<input type="checkbox"/>
CSN 3: <input type="checkbox"/> Kennebec Somerset	<input type="checkbox"/> Peer Services <input type="checkbox"/> Crisis Services <input type="checkbox"/> Community Support Services <input type="checkbox"/> Outpatient Services <input type="checkbox"/> Medication Management <input type="checkbox"/> Residential Services <input type="checkbox"/> Vocational Services <input type="checkbox"/> Inpatient Services	Name: _____ Phone: _____ Email: _____	<input type="checkbox"/>
CSN 4: <input type="checkbox"/> Knox Lincoln Sagadahoc Waldo	<input type="checkbox"/> Peer Services <input type="checkbox"/> Crisis Services <input type="checkbox"/> Community Support Services <input type="checkbox"/> Outpatient Services <input type="checkbox"/> Medication Management <input type="checkbox"/> Residential Services <input type="checkbox"/> Vocational Services <input type="checkbox"/> Inpatient Services	Name: _____ Phone: _____ Email: _____	<input type="checkbox"/>
CSN 5: <input type="checkbox"/> Androscoggin Franklin Oxford	<input type="checkbox"/> Peer Services <input type="checkbox"/> Crisis Services <input type="checkbox"/> Community Support Services <input type="checkbox"/> Outpatient Services <input type="checkbox"/> Medication Management <input type="checkbox"/> Residential Services <input type="checkbox"/> Vocational Services <input type="checkbox"/> Inpatient Services	Name: _____ Phone: _____ Email: _____	<input type="checkbox"/>
CSN 6: <input type="checkbox"/> Cumberland	<input type="checkbox"/> Peer Services <input type="checkbox"/> Crisis Services <input type="checkbox"/> Community Support Services <input type="checkbox"/> Outpatient Services <input type="checkbox"/> Medication Management <input type="checkbox"/> Residential Services <input type="checkbox"/> Vocational Services <input type="checkbox"/> Inpatient Services	Name: _____ Phone: _____ Email: _____	<input type="checkbox"/>
CSN 7: <input type="checkbox"/> York	<input type="checkbox"/> Peer Services <input type="checkbox"/> Crisis Services <input type="checkbox"/> Community Support Services <input type="checkbox"/> Outpatient Services <input type="checkbox"/> Medication Management <input type="checkbox"/> Residential Services <input type="checkbox"/> Vocational Services <input type="checkbox"/> Inpatient Services	Name: _____ Phone: _____ Email: _____	<input type="checkbox"/>